

UNITED STATES DISTRICT COURT

District of

T. Rowe Price Tax-Free High
Yield Fund Inc., et al.

V.

Karen M. Sughrue, et al

SUMMONS IN A CIVIL CASE

CASE NUMBER:

04-11667 RGS

TO: (Name and address of Defendant)

Donald W. Kiszka
29580 Kent Avenue
Easton, MD 21601

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Thomas G. Hoffman, Esq.
Greene & Hoffman, P.C.
125 Summer Street, Suite 1410
Boston, MA 02110

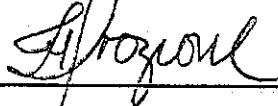
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an answer to the complaint which is served on you with this summons, within _____ days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

(By) DEPUTY CLERK



10-27-2004

DATE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mail piece or on the front if space permits.</p>		<p>A. Signature </p> <p><input type="checkbox"/> Addressed <input type="checkbox"/> Addressee</p> <p>B. Perceived by (Printed Name)  <input type="checkbox"/> Date of Delivery</p> <p><input type="checkbox"/> Same delivery address as item 1 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Same delivery address as below <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Donald W. Kiszka 29580 Kent Avenue Easton, MD 51601</p>		<p>C. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number <small>(If this item is a service order)</small></p> <p>7002 2030 0002 9087 2112</p>		<p>D. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811 (1 August 2001) <input type="checkbox"/> Domestic Return Receipt <input type="checkbox"/> International Return Receipt</p>			